

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585789

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1	1			
3	1		1			
4	1		1			
5		2	1			
6	1		1			
7	1	1	1			
8		1				
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TOTAL IND.	1		1			
TOTAL DEP.	7	←	4	←		
TOTAL CLAIMS	8	[REDACTED]	5	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←		←		
TOTAL CLAIMS					←	←